

1. (Original) A method of cardiac surgery on a heart within a chest of a patient, the chest having a sternum and a plurality of ribs, each rib being separated from an adjacent rib by an intercostal space, the method comprising the steps of:

making at least one access port into the chest through an intercostal space, a first aspect of the heart facing the access port, and a second aspect of the heart facing away from the access port;

introducing a retraction instrument through the access port; and

manipulating the retraction instrument to reposition the heart within the chest into a retracted position wherein the second aspect of the heart is facing the access port;

wherein the ribs and sternum remain intact during each of said steps.

2. (Original) The method of claim 1 wherein the access port is made in a left lateral portion of the chest and wherein the first aspect of the heart comprises a left lateral aspect.

3. (Original) The method of claim 2 wherein the second aspect of the heart comprises an aspect of the heart selected from a posterior aspect, a right lateral aspect, and an anterior aspect.

4. (Original) The method of claim 1, further comprising the step of:
visualizing the heart with a visualization instrument introduced into the chest of the patient through a second access port positioned within an intercostal space.

5. (Original) The method of claim 1, further comprising the step of:
anastomosing a vascular graft onto a coronary artery on the heart while the heart is in the retracted position.

6. (Original) The method of claim 5, wherein the anastomosing step comprises the substep of introducing an anastomosing instrument into the chest of the patient through an access port within an intercostal space.

7. (Original) The method of claim 5, wherein the anastomosing step comprises anastomosing the vascular graft onto a circumflex artery.

8. (Original) The method of claim 5, wherein the anastomosing step comprises anastomosing the vascular graft onto a right coronary artery.
9. (Original) The method of claim 5 wherein the anastomosing step comprises anastomosing the vascular graft onto a posterior descending coronary artery.
10. (Original) The method of claim 5, wherein the vascular graft is selected from the group including a left internal mammary artery, a right internal mammary artery, a gastroepiploic artery, a radial artery, a saphenous vein, and a prosthetic vascular graft.
11. (Original) The method of claim 5 further comprising the step of:
dissecting an internal mammary artery from an anterior wall of the patient's chest: and
wherein the anastomosing step comprises anastomosing the internal mammary artery onto the coronary artery.
12. (Original) The method of claim 5, further comprising the step of:
anastomosing a second vascular graft onto a second coronary artery using an anastomosing instrument introduced through an access port within an intercostal space.
13. (Original) The method of claim 12 wherein the second vascular graft is selected from the group including a left internal mammary artery, a right internal mammary artery, a gastroepiploic artery, a radial artery, a saphenous vein, and a prosthetic vascular graft.
14. (Original) The method of claim 13 wherein the second coronary artery comprises a left anterior descending coronary artery.
15. (Original) The method of claim 13 wherein the second coronary artery comprises a circumflex artery.
16. (Original) The method of claim 13 wherein the second coronary artery comprises a right coronary artery.

17. (Original) The method of claim 12 further comprising repositioning the heart into a second retracted position using said retraction instrument before the step of anastomosing a second vascular graft.
18. (Cancelled)
19. (Original) The method of claim 1 wherein the manipulating step comprises the substep of lifting the heart with a rigid finger on the retraction instrument.
20. (Cancelled)
21. (Original) The method of claim 1 wherein the manipulating step comprises rotating the heart.
22. (Original) The method of claim 21 wherein the heart is rotated about an axis extending longitudinally through the heart from an aortic root generally toward an apex of the heart.
23. (Original) The method of claim 21 wherein the heart is rotated about an axis disposed at an acute angle between 0° and 90° relative to a longitudinal axis extending from an aortic root toward an apex of the heart.
24. (Original) The method of claim 1, further comprising the step of:
partitioning an ascending aorta of the patient, paralyzing the heart, and maintaining circulation of oxygenated blood in the patient.
25. (Original) The method of claim 24 wherein the partitioning step comprises the substep of introducing an intraluminal occlusion device into a peripheral artery of the patient, transluminally advancing the intraluminal occlusion device into the ascending aorta and occluding the ascending aorta between the patient's coronary ostia and brachiocephalic artery.

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26-149. (Cancelled)